

## 2004 Montana Individual Income Tax Return Form 2

04

or Fiscal year beginning \_\_\_\_\_, 2004 and ending \_\_\_\_\_, 2005.

Last Name		First Name and Middle Initial		<div style="text-align:center"><input type="checkbox"/> Deceased</div>	Social Security No.																	
Spouse's Last Name if Different		Spouse's First Name and Middle Initial			Spouse's Social Security No.																	
Mailing Address				City		State	Zip Code+4															
<div>Filing Status Check One</div> <div>1. <input type="checkbox"/> Single    2. <input type="checkbox"/> Married filing joint return    3. <input type="checkbox"/> Married and both filing separate returns on this form    4. <input type="checkbox"/> Married and both filing separate returns on separate forms    5. <input type="checkbox"/> Married filing separate return and spouse is not filing    6. <input type="checkbox"/> Head of Household (see instructions)</div>																						
Residency Check One		1. <input type="checkbox"/> Resident Full Year	2. <input type="checkbox"/> Nonresident Full Year	3. <input type="checkbox"/> Resident Part Year	Give date of change    State moved to:    State moved from:																	
					month	year																
<b>Exemptions</b>					Column A (for single joint, separate, or head of household)		Column B (for spouse only when filing separate, and box 3 is checked)															
1. Yourself ..... <input checked="" type="checkbox"/> Regular <input type="checkbox"/> 65 or Over <input type="checkbox"/> Blind .....Enter number checked					<input type="checkbox"/> 1.																	
2. Spouse ..... <input type="checkbox"/> .....Enter number checked					<input type="checkbox"/> 2.		<input type="checkbox"/> 2.															
3. Dependents					<input type="checkbox"/> 3.		<input type="checkbox"/> 3.															
<table border="1" style="width:100%"><thead><tr><th>Dependent's Full Name</th><th>Dependent's Social Security Number</th><th>Relationship</th></tr></thead><tbody><tr><td colspan="3">Do not claim yourself or spouse</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>					Dependent's Full Name	Dependent's Social Security Number	Relationship	Do not claim yourself or spouse												4. Handicapped Dependent <input type="checkbox"/> 4.		<input type="checkbox"/> 4.
Dependent's Full Name	Dependent's Social Security Number	Relationship																				
Do not claim yourself or spouse																						
5. Add lines 1, 2, 3 and 4 (if additional dependents, see instructions).....					<input type="checkbox"/> 5.		<input type="checkbox"/> 5.															
					<b>Total Exemptions</b>																	

## Enter amounts reported on federal return

6. Wages, salaries, tips, etc. .... Attach copies of W-2(s) from all states
7. Taxable interest income .... Attach Federal Schedule if over \$1,500
8. Dividend income .... Attach Federal Schedule if over \$1,500
9. Net business income (loss) .... Attach Federal Schedule C or C-EZ
10. Capital gain (or loss) .... Attach Federal Schedule D
11. Supplemental gains (or losses) .... Attach Federal Form 4797
12. Rents, royalties, partnerships, estates, trusts, etc.  
Attach Federal Schedule E and Form 8582 and all K-1's .....
13. Total IRA distributions a. 

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 13b. Taxable amount } Attach all
14. Total pensions and annuities a. 

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 14b. Taxable amount } 199R's
15. Social security benefits a. 

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 15b. Taxable amount
16. Net farm income (Loss) .... Attach Federal Schedule F
17. Other income: State refund \_\_\_\_\_ alimony \_\_\_\_\_  
unemployment \_\_\_\_\_ other (specify) \_\_\_\_\_
18. Total of lines 6 thru 17 ..... **Total** ⇒
19. Adjustments to income. Educator Expense \_\_\_\_\_ Reservists, etc. \_\_\_\_\_ IRA \_\_\_\_\_  
Student loan interest \_\_\_\_\_ Tuition and fees \_\_\_\_\_ 1/2 SE Tax \_\_\_\_\_  
HSA \_\_\_\_\_ Moving Expenses \_\_\_\_\_ SE Health \_\_\_\_\_ SE, SEP, SIMPLE \_\_\_\_\_  
Early withdrawal penalty \_\_\_\_\_ Alimony paid \_\_\_\_\_ Other \_\_\_\_\_
20. Federal adjusted gross income (subtract line 19 from line 18) ..... ⇒

**Note: Line 20 must match your federal adjusted gross income**Round to nearest dollar  
if no entry leave blank

- |   |     |  |  |     |
|---|-----|--|--|-----|
| 21. Interest and dividends on state, county, or municipal bonds (Non-Montana) .....     | 21. |  |  | 21. |
| 22. Federal income tax refunds/overpayment (see page 3, line 22 on instructions ) ..... | 22. |  |  | 22. |
| 23. Other additions, (see page 3, line 23 of instructions)<br>Specify _____             | 23. |  |  | 23. |
| 24. Total additions to income (add lines 21 thru 23) ..... <b>Total</b> ⇒               | 24. |  |  | 24. |
| 25. Add lines 20 and 24, enter result ..... ⇒   | 25. |  |  | 25. |

- |   |     |  |  |     |
|---|-----|--|--|-----|
| 26. Farm Risk Management Account ..... Attach Form FRM  | 26. |  |  | 26. |
| 27. Interest exclusion for elderly .....  | 27. |  |  | 27. |
| 28. Interest exclusion for savings bonds, etc. Specify _____                                    | 28. |  |  | 28. |
| 29. Exempt pension & annuity income, (not soc. sec./disability) Attach Worksheet IV, Page 13    | 29. |  |  | 29. |
| 30. Unemployment .....  | 30. |  |  | 30. |
| 31. Medical Care Savings Account ..... Attach Form MSA  | 31. |  |  | 31. |
| 32. Family Education Savings Account (Attach name and social security number(s) of beneficiary) | 32. |  |  | 32. |
| 33. First Time Home Buyers Account ..... Attach Form FTB  | 33. |  |  | 33. |
| 34. Health care professional loan payment exclusion .....                                       | 34. |  |  | 34. |
| 35. Other reductions (see page 5, line 35 of instructions).<br>Specify _____                    | 35. |  |  | 35. |
| 36. Total reductions to income (add lines 26 thru 35)..... <b>Total</b> ⇒                       | 36. |  |  | 36. |
| 37. Subtract line 36 from line 25. Enter here and on line 38, page 2.....                       | 37. |  |  | 37. |

Column A (for single  
joint, separate, or head  
of household)Column B (for spouse  
only when filing  
separate, and box 3 is  
checked)

38. Montana adjusted gross income (From line 37) .....

38.

38.

**Deductions Check only one**

39. (A) Standard deduction: ☐ (A) }  
 (B) Itemized deductions: ☐ (B) }

39.

39.

40. Subtract line 39 from 38 and enter balance..... ⇒ 40.

40.

40.

**Exemptions** (All filers are entitled to at least one exemption)

41. Multiply \$1,840 times the number of exemptions on line 5 .....

41.

41.

42. Taxable income. Subtract line 41 from line 40 .....

42.

42.

**STOP Nonresidents and Part-Year Residents complete and attach Schedules III and IV Form 2A, before proceeding**

43. Tax from table below. Non/part-year residents enter the amount from line 130, Form 2A Schedule IV. If line 42 is less than zero, enter zero here.....

43.

43.

44. Tax on lump sum distributions (see instructions for this line). Attach Federal Form 4972

44.

44.

45. Subtotal - Add lines 43 and 44.....Subtotal ⇒ 45.

45.

45.

46. Credits from Form 2A, line 112, Schedule II.....

46.

46.

47. Balance - Subtract line 46 from 45 and enter difference (but not less than zero)..... ⇒ 47.

47.

47.

48. Other tax, penalties and repayment, see page 6 (specify).....

48.

48.

For each of the programs below enter any amount you and your spouse want to contribute.

**Enter totals in boxes on line 52 (see instructions for details).**Nongame Wildlife  
Program49. Child Abuse  
Prevention50. Agriculture in  
Schools51. 

Enter total amount

in boxes.....

52.

52.

53. Total Tax —Add lines 47, 48, and 52.....Total ⇒ 53.

53.

53.

54. Combine amounts shown on line 53 columns A and B..... ⇒ 54.

54.

54.

55. Montana tax withheld.....Attach withholding statements

55.

55.

56. Payments of 2004 estimated tax and amounts credited from previous year .....

56.

56.

57. Payment made with extension .....

57.

57.

58. Elderly Homeowner/ Renter Credit ..... Attach Form 2EC

58.

58.

59. Total of lines 55 thru 58.....Total

59.

59.

60. Combine amounts shown on line 59 columns A and B ..... ⇒ 60.

60.

60.

61. If line 60 is larger than line 54 enter the difference. This is your overpayment.....

61.

61.

62. Amount on line 61 to be applied to 2005 estimate 

62.

62.

63. Enter the amount from line 61 you want refunded to you (refunds more than \$1.00 will be issued)

Refund.....

63.

63.

**Refund Returns:** Mail to Dept. of Revenue, PO Box 6577, Helena, MT 59604-6577

If you wish to use direct deposit enter your RTN# and ACCT# below. See instructions on page 6.



RTN#

ACCT# Checking ☐Savings ☐

64. If line 54 is larger than line 60 enter tax due (If you owe see instructions for this line) .....

64.

64.

Send your check or money order with payment coupon to: Dept. of Revenue, PO Box 6308, Helena, MT 59604-6308.

If you choose to pay your tax due by credit card visit our website at [www.discoveringmontana.com/revenue](http://www.discoveringmontana.com/revenue) and enter your confirmation number here. See instructions on page 6.

Underpayment interest

See Worksheet VII, Schedule W... 65.

Late filing penalty-See page 2..... 66.

Late payment penalty-See page 2. 67.

Interest 1% (.01) per month..... 68.

Total of lines 64 through 68 ..... 69.

☐ **Extension** - Check this box and attach copies of federal extension(s) to receive a valid Montana extension. See Page 2 of instructions for details.

- Check this box if at least 2/3 of your gross income is from farming. (attach breakdown of computations) ☐
- Check here if estimated payments were made using the annualization method. (Attach Montana Form EST-I) ☐
- Check here if you do not need state income tax forms and instructions mailed to you next year. Tax forms are also available on the internet. ☐

Name, address and telephone number of preparer

May the DOR discuss this return with the preparer shown above? yes ☐ no ☐

Questions? Please call (406) 444-6900 or TDD (406) 444-2830 for hearing impaired. ☎

X

X

Your signature is required

Date

Daytime telephone number

Spouse signature

Date

I declare under penalty of false swearing that the information in this return and attachments is true, correct and complete.

**Tax Table****If Taxable Income is:**

Over	But not over	Multiply by	and Subtract = Tax
\$ 0	\$ 2,300	X ... 2 %	\$ 0
\$ 2,300	\$ 4,600	X ... 3 %	\$ 23
\$ 4,600	\$ 9,200	X ... 4 %	\$ 69
\$ 9,200	\$ 13,800	X ... 5 %	\$ 161
\$ 13,800	\$ 18,400	X ... 6 %	\$ 299

**If Taxable Income is:**

Over	But not over	Multiply by	and Subtract = Tax
\$ 18,400	\$ 22,900	X ... 7 %	\$ 483
\$ 22,900	\$ 32,100	X ... 8 %	\$ 712
\$ 32,100	\$ 45,900	X ... 9 %	\$ 1,033
\$ 45,900	\$ 80,300	X ... 10 %	\$ 1,492
\$ 80,300		X ... 11 %	\$ 2,295

**Example = taxable income \$2,400 x 3% (.03) = \$72 subtract \$23 = \$49 tax**

When you file your Montana income tax return electronically you represent that you have retained all documents required as a tax record and that you will provide a copy to the department upon request.